

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. Whether there should be reimbursement for dates of service 12-03-01, 12-11-01, 12-14-01, and 1-11-02.
- b. The request was received on 3-15-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. Letter to Compliance & Practices dated 3-14-02
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, No Response was noted in the dispute packet.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 5-28-02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 3-11-02:

"The bills were submitted to the carrier on separate occasions. Yet the carrier failed to submit payment or denial to this facility and is thereby in violation of Sec. 408.027(a). It is the request of this facility that payment be forwarded to this office immediately for all disputed dates of service."
2. Respondent: No Response noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 12-3-01 and extending through 1-11-02.

2. No EOBS were noted in the dispute packet, however the Provider included a copy of a letter that was written to Compliance & Practices dated 3-14-02.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
12-03-01 12-14-01 01-11-02	99213 99213 99213	\$48.00 \$48.00 \$48.00	\$-0- \$-0- \$-0-	No EOBS	\$48.00	MFG; Evaluation and Management (VI) (B); CPT Descriptor	No EOBS were noted in the dispute packet. The disputed services will be reviewed as a "F" denial. Documentation supports that the services were rendered. Reimbursement is recommended in the amount of \$144.00 . (3 dates of service x \$48.00 = \$144.00)
12-11-01	99214	\$71.00	\$-0-	No EOB	\$71.00	MFG; Evaluation and Management (VI) (B); CPT Descriptor	No EOBS were noted in the dispute packet. The disputed service will be reviewed as a "F" denial. Documentation supports that the services were rendered. Reimbursement is recommended in the amount of \$71.00 .
Totals		\$215.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$215.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$215.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 23rd day of September 2002.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

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